U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only REC'D
_	(JL25205)
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1. File Number U - 00018

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

/ 1/2004Through: 12/31/2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.						
Name TERRANCE L NEWMAN	Name CWA LOCAL 7214						
	Labor Organization File Number 024003						
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any						
Street 322 West 1street blv 4	Street 322 WEST Istreet fly						
City Quluth	City Duleith						
State MW ZIP Code + 4 5580 7	State MN ZIP Code + 4 55807						
5. Position in labor organization. **PRESTIENT**							
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.						
Name Quest Communications	IN COME EXP FROM QUEST						
Trade Name, if any:	· :						
P.O. Box, Bldg., Room No., if any							
	7.b. Amount.						
Street 1801 California Street City Denver							
city Denver	See affachment						
State Coloraelo ZIP Code + 4 8022-1984							
Signature							
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signed Sencification Mer	on 7-18-05 218-723-4225						
	Date Telephone Number						

Name of Person Filing	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any).	9. Business deals with:							
Name	and the same							
Trade Name, if any:	a. Labor Organization							
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer							
Street (1) Street (2)	C. Employer							
City								
State ZIP Code + 4								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name								
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any								
Street	11.b. Approximate dollar value of such dealing.							
City	12.a. Nature of interest held or income received.							
State ZIP Code + 4								
	12.b. Amount.							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.							
Name								
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any								
Street								
City								
State ZIP Code + 4								
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.							

Terrance Newman President CWA Local 7214 322 West 1st street Floor 4 Duluth, Mn 55802

Fiscal year 1-1-04 - 12-31-04 File number 00018 Tn 218-723-4225

February 12 & 13th, 2004

TPI Board mtg Denver

Airfare:

\$ 394.01

Hotel

\$ 129.10

June 21st, 2004 & June 22nd

Qwest President's mtg Denver

Hotel

\$ 192.86

Airfare

\$ 226.79

Dinner

\$ 35.00

Lunch

\$ 25.00

June 23rd & 24th

TPI board mtg Denver

Hotel \$ 192.86

Meals

\$ 40.97

August 25th, 2004

Barry Allen mtg in Mpls

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Mileage

\$ 118.26

Lodging \$ 65.00

September 30th, 2004

John Stanoch mtg in Mpls

Mileage \$ 121.50

October 5th, 2004

Renae Coddington mtg Mpls

Mileage \$ 121.50

Oct 23rd -26^{th,2004}

The Association mtg in NY

Airfare Hotel	,	339.29 478.17			
Per diem Travel exp			Oct	23 rd ,	2004
Per diem	\$	34.00	Oct	24 th ,	2004
Per diem	\$	34.00	Oct	25 th ,	2004
Per diem Travel exp			Oct	26 th ,	2004

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